File with:

Iowa Ethics and Campaign

Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073 FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

2011 JAN 18 AM 10: 52

IA ETHICS AND

electronically.
Effective May 1, 2010, all statements and reports for State PACs and State
Parties must be filed electronically.

| | Reset | Offi | | |
|---|--|-------------------|---|----------------------|
| COMMITTEE NAME (Must be same as on Statement of Organ | nization) DEMOCR3 | Tic | FORM | |
| - CENTRAL COMMITTEE | | | DR-2 | |
| IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candid Subdivision Candidate (4) County Reference (6) City Candidate |)State PAC (3)State Party | icat | (Rev. 12/2009) | DISCLOSURE REPORT |
| Subdivision Candidate (8) County PAC (9) City PAC (10) School B 11) Local Ballot Issue | oard or Other Political Subdivision P | AC (| For Office Use Or | 1×9157 |
| CANDIDATE COMMITTEES ONLY: | | | Comm.# | 113.1 |
| Candidate Name | Political Party (if applicable) | , I | Logged In | |
| | The state of the s | ´ | Scanned | 2-11-11 |
| Office Sought | District (if Senate or House) | . 1 | Audited | 2.11.11. |
| | District (ii octiate of 110036) | ' l | Addited | |
| Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of co | puant to lowa Code sections 68B.3. mmittee, is the individual responsi JJ-435- TELEPHONE | ble for filing | g timely and accura | ite reports. |
| ()) only cen heasure | ~) W-935- | 976 | / ///5/ | 10/1 |
| SIGNATURE OF PERSON FILING REPORT | TELEPHONE | • | DATE S | IGNED |
| I AM FILING A | REPORT FOR (1) ELECTIC | N /(2)NO | N-ELECTION YE | AR. |
| (report date) | Indicate b | | | |
| CHECK IF AMENDMENT TO REPORT DATED | | | | |
| | | Local Co | ommittees, enter Da | le of Election |
| Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.) | Dissolution Form DR-3. | County & which El | & Local Committees, ection is held | enter County in |
| STATEMENT OF CASH ON HAND | | | | |
| CASH ON HAND at the beginning of the reporting period. (Total | of all funds held by the | | | |
| committee. This amount MUST be the same as the ca of the last reporting period or must be zero if this is firs | ish on hand at the end | | 745 | . 75 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | | • | _ |
| Schedule A: Cash Contributions total (Attach Schedule | e A) (*also see in-kind below) | | /255 | 00 |
| Schedule F: Loans Received total (Attach Schedule F | • | | | |
| Schedule H: Total Sales of Campaign Property (Attack | | | | |
| (Schedule H applies to Candidates' Commi | | | | |
| | SUB-TOTAL | | 2000 | 75 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | • | | |
| Schedule B: Expenditures total (Attach Schedule B) (* | *also see debts and loans below | n | 1381 | 114 |
| Schedule F: Loan Repayments total (Attach Schedule | | | | // |
| CASH ON HAND at the end of this reporting period (if final repor | | | 619 | 61 |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | | | | |
| IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu | | | | |
| *OUTSTANDING LOANS (From Schedule F - Attach Schedule | | | **** | |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | · / | | · | 10 |
| CANDIDATE COMMITTEES ONLY: | | - | YESI | 10 |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach | Schadula HV | • | | |
| | • | \$ | *************************************** | |
| STATE COMMITTEES: Submit a reconciled campaign account | Dank Statement in January of ea | cn year. | | |

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| COMMITTEE NAME (Must be same as on Statement of Organization of Committee Co | tion) |
|--|-------|
| DEMOCRATIC CENTRA COMM | ·TTEC |

| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
|-------------------------------|------------------------------|
| _ | CK THIS BOX IF NDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOF |
|--------------------------------|---|--|--|-------------------------|----------|
| | NUMBER | | | | RAISER |
| | ID# | SUSTAINING CLIB | | | |
| 10/15/10 | CK# | SASTA NING CLAB MONTHLY DONATION EMILY STE LOTT TOLO NOLTH ST CA TA 5/59 SASTA NONTHY DO | | 5.00 | <u> </u> |
| | ID# | (1) TA-NING CLIB-MONTHY D | ~4750~ | <u> </u> | |
| 10/15/10 | CK# | LO BROMMEN | | 10,00 | |
| 11 4 // | ID# | SITA. MONTAUC, CB. FASI | 00 × 4 7- 0 × | 10.00 | |
| 1. /15/10 | CK# | TEAN HANTWELL | | _ | |
| 1. 112/10 | ID# | 51174-0: 2 GO THST MICLEUARD | ZA 51578 | 1000 | |
| | CK# | TRIOS + RIVILLE ZEW MAR | 4750,00 | | |
| 10/15/12 | 3 70, | 21693 27074 ST Mccicus-01 | A 51578 | 10.00 | L |
| | 1D# | SISTAINING CUIS - MONTHLY | 00047:00 | | |
| 10/15/10 | CK# | SIE AVENI 20 408 HOCEY SALKU RD, CB. IDA | 57503 | 25.00 | |
| ,,,, | ID# | PASS THE HAT | ביבונ | 9C) - | |
| 0/25/10 | CK# | 1 • | 250 | 250,00 | |
| ·/ · /// | ID# | | | | |
| ì | . | JUDY MILLER | | | |
| 125/10 | CK# | CONTON BUTFIF, IA | | 100,00 | L |
| | ID# | Artitory ScheFFCC1 | | | |
| 10/25/10 | CK# | COUNCIL BUTFET, DA | | 50,00 | |
| | ID# | This Daniel Dan | | <i>y</i> . | |
| 0/25/1- | CK# | TOWA DEMOCRATIC PAND 5661 PRIN DRING DEL MORNEL TA | 7 | 675.00 | |
| | ID# | Day 14/01/21 11/ | | y . y | |
| | CK# | | | | L |
| | | | SUB-TOTAL | s//35.00 | |
| | | TOTAL (if last page o | f this capacities | \$// / 3,00 | |
| | | ioine (il last page o | ans screaule) | s | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) Reset Form | Reset Form | SCHEDULE | A MONETARY | RECEIPTS

COMMITTEE NAME (Must be same as on Statement of Organization)

POTTA WATTIFATE CONTY

OFMOGRAFIC CENTRA COMMITTEE

(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC 1D NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--|---|---|--|--------------------|---------------------------------------|
| 11/15/10 | CK# | Sustance CLOB Morthy of Ed Sking of CLOB-Morthly of Ed STS9 | | \$ 5.00 | |
| 11/15/10 11/15/10 11/15/10 11/15/10 | ID# CK# | STITA-NORG CLIB-MONTHY DEO BRIMMEN | ~47ee~ | | |
| | ID# | STITE - MONTHUM CB. FOSS | 00~47.0~ | 10.00 | |
| 11/15/12 | ID# | 19806 290 THST McCcentry | 20 57578 ~4T=0.~ | 10.00 | |
| 11/15/10 | CK# | TRION L RALICU Zen MAN 2693 270 TH ST Mclicup-0 | CA 5/578 | 10.00 | |
| 11/15/10 | CK# | TRION L RAISCU ZEN MAN 21693 2707H ST MCLICUA-DS SASTAINING CLAS - MORTHLY SAE AVENI 20 408 HOREY SALKU RO, CB. D | 1 57503 | 25.00 | |
| · | ID# CK# | , 92, 22 | | 30. | |
| | ID# | | | | |
| | CK# | | | | |
| | CK# | | | | |
| | CK# | | | | |
| | ID# CK# | | | | |
| | | | SUB-TOTAL | \$60.00 | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surmame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______of____3
(for Schedule A)

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) POTTA WATTAME COMMITTEE COMMITTEE NAME (Must be same as on Statement of Organization) POTTA WATTAME (COMMITTEE)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | V IF FOR FUND- RAISER INCOME |
|--|---|--|--|--------------------|---------------------------------------|
| 12/15/10 | ID# CK# | SISTAINING CLUB MONTHLY DONATION EMILY STE LETT 1020 N 267H ST. CB TA 5/59 STI TAINING CLUB-MONTHLY D | | \$ 5.00 | |
| 11 11 | ID# | SISTA-NOG CLIB-MONTHY DED BRIMMEN | ~47.c~ | 3.00 | |
| 12/15/10 | CK# | SITA: ME CLIB- MONTHLY | 503 | 10,00 | |
| 12/15/10 | CK# | TEAN HANT WELL | ŧ | 10 10 | |
| 12/15/10 12/15/10 12/15/10 12/15/10 | ID# | STITA- DE ROLLEWAY DO. TROOF ROLLEWAY DO. TROOF L ROLLEW Zen MER | ~+T=0.~ | 7 | |
| 12/15/10 | ID# | TRIO; L RIVER ZEW MER 21693 270TH ST. McLICUA-D: SISTA: M:MC CLIS - MONTHY, SIE AKEN 20 408 HOTE, SICKU RD, CB. D. | 0 - 4 TO 78 | 10.00 | |
| 12/15/1- | CK# | Sie AKENI 20 408 Horif Sicker RD CB. II | 57503 | 25.00 | <u> </u> |
| | CK# | | | | |
| | ID# | | | **** | |
| | CK# | | · · · · · · · · · · · · · · · · · · · | | |
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| | ID# | | | | L |
| | CK# | | | | |
| | | | SUB-TOTAL | \$ 60,00- | |

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______of ______

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Molnes, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

| COMMITTEE BRABE (AZ | | | | |
|--|--|--|--------------------|-----------------|
| COMMITTEE NAME (Must be same as on Statement of Org | vanization) | | | |
| LINKAL COMMITTER | • | · | FORM | 1 |
| I WIFUR IANT: Indicate by # type of committee you are receive to a | 41 | 11 | DR-2 | DISCLOSURE |
| (4) County Central Committee (5) County Capitalan (5) City Capitalan (6) City City Capitalan (6) City City Capitalan (6) City City City Capitalan (6) City City City City City City City City | 2)State PAC (3)State Party | 1 1 | (Rev. 12/2009) | REPORT |
| Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue | Indate (7) School Board or Other Political Board or Other Political Subdivision PAC | | or Office Use On | ly |
| | | | | |
| CANDIDATE COMMITTEES ONLY: Candidate Name | | | | |
| | Political Party (if applicable) | | | |
| Office Sought | | | | |
| Office Sought | District (if Senate or House) | A | udited | |
| Late reports are subject to possible civil and criminal nonething D | | J L | | |
| Late reports are subject to possible civil and criminal penalties. Pu candidate's committee, and the chairperson, for any other type of c | rsuant to lowa Code sections 68B,32A(committee, is the individual responsible | 7) and 68 | A.401(3), the can | ididate, for a |
| | | | | te reports. |
| Bord Green heave | 712-435-9 TELEPHONE | 767 | 1/2-1 | |
| SIGNATURE OF PERSON FILING REPORT | TELEPHONE | _ | 11/5/ | 10/1 |
| | TELEPHONE | | DATES | GNED |
| I AM FILING A | REPORT FOR (1) ELECTION / | //@>!C\! | | |
| (report date) | | | ELECTION YEA | AR. |
| • | Indicate by # | | | |
| CHECK IF AMENDMENT TO REPORT DATED | | ocal Com | mittees, enter Dat | e of Election |
| Check if this is final (termination) report and attach Notice o | f Dissolution Form DB 2 | | | |
| (You must continue to file reports until a DR-3 is filed | 1 | County & L | ocal Committees, | enter County in |
| | [* | WHICH EIEC | DON IS Neig | |
| | L- | | | |
| STATEMENT OF CASH ON HAME | | | | |
| STATEMENT OF CASH ON HAND | | | | |
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

Reset Form

A
(Rev. 07/03)

CHECK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

POTTA WATTAME CONTINUE COMMITTEE

DEMOCRATIC CENTAR COMMITTEE

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE" (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--------------------------------|---|---|--|--------------------|---------------------------------------|
| 10/15/10 | CK# | SAJTA: NING CLAB MONTHLY DONATION EMILY STELLETT TO LO N 26 TH ST. CB TA 5/59 | | \$ 5.00 | |
| 10/15/10 | ID# CK# | STO SO N SETH ST CO TA 5759 STI TA-NING CLIB-MONTHY DE ED BREMMEN [432 FAIRMONT AUC, CB FO ST | 543 | 10.00 | |
| 10/15/10 | ID# CK# | SITA: N: NG CLIB- MONTHLY | 00-47:00 | | |
| 10/15/12 | ID# CK# | J9806 2 90 77455 McCucus of S1179-0: ~ Curs-northy Do. TR10; L R111CH Zen man 21693 27074 ST. Mccicus-05 | | 10.00 | |
| 10/15/10 | CK# | SAL 93 270TH ST Mccicuped SALTA: NINC CLAS - MORTHLY SAE AVEND 20 408 HOREY SACKURD, CB. DA | 00 ~3750A | 25.00 | |
| 10/25/10 | ID# CK# | PASS THE HAT CASH DONATIONS | 250 | 250,00 | |
| c/a5/1° | ID# CK# | From Buffel, IA | | 100,00 | |
| 10/25/10 | ID# CK# | COUNCIL BUTFF, TA | | 50.00 | |
| 10/25/10 | ID# CK# | JOWA DOMOCRATIC PARTS 5661 PLEIN DRING DEI MOINEL TA | 7 | 675.00 | |
| • | ID# CK# | | | | |
| | <u> </u> | | SUB-TOTAL | \$ 1/35.00 | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ______

| For Instructions, See Back of Form | Reset Form | SCHEDULE | |
|--|------------|--------------------------|------------------------------|
| CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) | | A (Rev. 07/03) | MONETARY RECEIPTS |
| COMMITTEE NAME (Must be same as on Statement of Organization) POTOS WATTAME COMMITTEE DEMOCRATIC CENTRAL COMMITTEE | | , — | CK THIS BOX IF NDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOR FUND- RAISER INCOME |
|--|---|--|--|--------------------|---------------------------------------|
|): [| ID# CK# | SISTAINING CLIB MINITHY DONATION EMILY SIE LETT JOSO N 26 TH ST. CB TA 5759 SISTAINING CLIB-MONTHY DE ED BROWNER | | \$ | |
| 7713/10 | ID# | (1) -0 N 26 (H 3); CB TA 5/59 | ~ ~ ~ | 5.00 | |
| 11/15/1° 11/15/1° 11/15/1° 11/15/1° | CK# | ED BREMMEN 1232 FAIRMONT AUG CB. ID SIS SITA-NING CLAB- MONTHLY D JEGN HANT WELL | 7 3 | 10.00 | |
| | ID# | Salta. Mind Class monthly 0 | 0~47.0~ | 70.0 | |
| 11/15/10 | CK# | Jegn HANTWELL 19806 290 THST MICHELLARS | 7A 57EYK | 1000 | L |
| | ID# | SILTA- A: NO CUB-MONTHY DON | 1+7-0.2 | , | t |
| 11/15/10 | CK# | Jegn Agni Well Jegob 2 go THST McCreus or SITA: NO CUB- MONTHY DON TRID; L RIVELL Zen MA 26 93 270 TH ST McCreus - D TS SISTA-NING CLIS - MONTHY SIE AKEN 20 408 HORY SICKER RD CB DA | A 51578 | 10.00 | L |
| | ID# | SUSTAINING CLAS - MONTHLY C | 10~97:00 | | |
| 11/15/10 | CK# | SIE AKENI 20 YOR HOCKI STICKE RD CRITCH | 57503 | 25.00 | |
| · | ID# | 73 775 73 | 2/3/2 | | |
| | CK# | | | | L |
| | ID# | | | | |
| | CK# | | | | |
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| | ID# | | | | |
| | CK# | | | | |
| | ID# | | | | |
| | CK# | | | | |
| | | S | SUB-TOTAL | \$ 60.00 | |
| | | TOTAL (if last page of | this schedule) | s | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column,

Page 7 of 3 (for Schedule A)

| For Instructions, See Back of Form | Reset Form | SCHEDULE | |
|---|------------|-------------------|------------------------------|
| CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) | | A (Rev. 07/03) | MONETARY RECEIPTS |
| COMMITTEE NAME (Must be same as on Statement of Organization) POTTO WATTOM SE COMMITTEE DEMOCRATIC CENTRA COMMITTEE | | | CK THIS BOX IF NDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOI FUND- RAISEF INCOMI |
|--|---|---|--|--------------------|---------------------------------------|
| 2/15/10 | ID# | SASTA NING CLAB MONTHLY DONATION EMILY STELLT TOLO NOLTH ST. CB TA 5/59 SASTA SISTA SASTA SISTA SASTA SISTA ED BREMMEN | | \$ 5.00 | |
| 15/10 | ID# | STITA-NING CLIB-MONTHLY D ED BREMMEN 1232 FAIRMONT AUG CB. FOST | ~47.0~ 5°3 | 10,00 | |
| Ni5/1° | ID# CK# | SITAINING CLAB- MONTHLY JEAN HANTWELL JANG 290 THST MICLEUM | 7A 5/57X | | |
| 2/15/10 | ID# CK# | JOBOG 290 THST MCCCEMANS SITA: MCCUMANS - MORTHY DO. TRIOS - RADICU Zew MAN 2693 270TH ST. MCLICUA-D: SITA-N: MC CLIS - MORTHY SIE AKEN 20 408 HOCCI SICKU RD CRITE | CA 5/578 | 10.00 | |
| 2/15/10 12/15/10 2/15/10 12/15/10 | ID# CK# | SUSTAINED CLUS - MONTHLY SUE AKENS 20 408 HOREY SULKE RD, CB, I | 57503 | 25.00 | |
| | CK# | | | . 1 | |
| | ID# CK# | | | | |
| | | TOTAL GEL-A | SUB-TOTAL | \$ 60.00- | |
| Disclosure law red | tuires candidate committee | TOTAL (if last page as to disclose the relationship of any relative making a contribution | | \$ /255.00 | |

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES | | |
|-------------------------------|--------------------------|--|--|
| CHECK THIS BOX IF | | | |

| COMMITTE | E NAME (Must be : | same as on Statement of Organization) | | |
|--------------------------------|--|--|-----------------------------------|--------------------|
| ، ا | COTTAWAT | TAMIE CIANTY DE | MO CRATEC | |
| <u> </u> | CENTA4 | - Committee | , - | |
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| | ID# | CENNON BLAFFIS | AVENEC BANK | |
| 12/31/1- | CK# | CONNEL BLAFFE IN | A CH CH4460 | \$ 10.00 |
| 12-13111 - 12-127/10 | CK#//07 | M.O-AMERICAN ENE PO BOX 8020 DAVENDOLT, 29 52808- | Pozo Ha BLOG | 6244 |
| | ID# | | | |
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| l | CK# | | | |
| | | | SUB-TOTAL | \$ > 7/// |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page _______ of ______

FOR INSTRUCTIONS, SEE BACK OF FORM

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|-----------------|-----|-----|---|-----|--|
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| vota tricements | | | | | |
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES | |
|-------------------------------|--------------------------|--|
| | CK THIS BOX IF | |

| COMMITTE | E NAME (Must be | same as on Statement of Organization) | | |
|--------------------------------|--|--|---------------------------------------|--------------------|
| 1 8 | OUTTAWATT. | AMILE COMMIN DE | =MOCATIL | |
| | CEMINAL | | | |
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| | ID# | | | |
| 10/15/10 | - | U OID CHO | ch | \$ -0- |
| | ID# | THE DATY NONPARE | ELECTION AD | |
| 10/15/10 | CK# / 0 98 | THE DAMY NONPARE 535 WEST BROADW | 1 5/502 ADVENTISION | 930.00 |
| <u> </u> | ID# | MID-AMERICAN ENC | | |
| 11/14/12 | CK# 0 9 9 | PC 80 X 8010 DAVENPORT IN 52808 | 18020 HA BLES | 2/3 02 |
| i ! | ID# | DEP ROCK WATER C | DR-NK-NK | |
| 11/12/10 | CK# //00 | DEN UCA CO 8017 | WATER AT HE BLOG | 4271 |
| | ID#" | BLACK HILL ENRIGH | 47-4-7-61 | |
| 11/12/10 | CK# //0 / | CANOL STRIPM. IN | 60197-4660 | 30.81 |
| <i>i</i> | ID# | royNGEL BLIFFS | (DN-061 BK | |
| 11/1/10 | CK# | 4751 Mgo.1000 | CHANGE FOR | 1000 |
| | ID# | | | 1 |
| 11/30/10 | CK# | 11 11 11 | 11 | 10.00 |
| | ID# | BLACK HILL ENERGY | 4T-V-7:ES | |
| 11/28/10 | CK# //0 2 | CANOL STREAM, TEGO | 197-460 (645) | 6216 |
| | | | | \$ 1303.70 |
| | | | TOTAL (if last page of this schedule) | |

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Page _____ of ____

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

An Independent Agency of the Executive Branch

MEGAN TOOKER Executive Director & Legal Counsel

510 East 12th, Suite 1A Des Moines, Iowa 50319 Telephone 515-281-4028 Fax Line 515-281-4073 www.iowa.gov/ethics

BOARD MEMBERS:

James Albert, Chair Patricia Harper, Vice Chair Gerald Sullivan John Walsh Saima Zafar Carole Tillotson

March 15, 2011



Christopher Tinley, Chair
Pottawattamie County Democratic Central Committee
338 Golden Oaks
Moulton, IA 51503

Dear Chair:

We have received your January 19, 2011 campaign disclosure report in our office. The report was prepared and filed on paper. Effective January 1, 2011, all Central Committee reports were mandated to be filed electronically.

Due to recent turnover in audit staff and transition activities, we will accept this paper filing for the January 19, 2011 due date. Please be aware that this is the LAST paper report we will accept as filed. Future reports received on paper will be returned and late filing penalties may apply if the report is not electronically submitted in a timely manner.

Your next report is not due to be filed until January 19, 2012. Please make sure that your treasurer or report preparer has access to the electronic filing system or have them contact the Board's staff for login information.

You, as the chair of the committee, are the person responsible by law for the accurate and timely filing of these reports. If you have questions or concerns, please contact the Board's staff.

Sincerely,

Sharon Wright Administrative Staff sharon.wright@iowa.gov